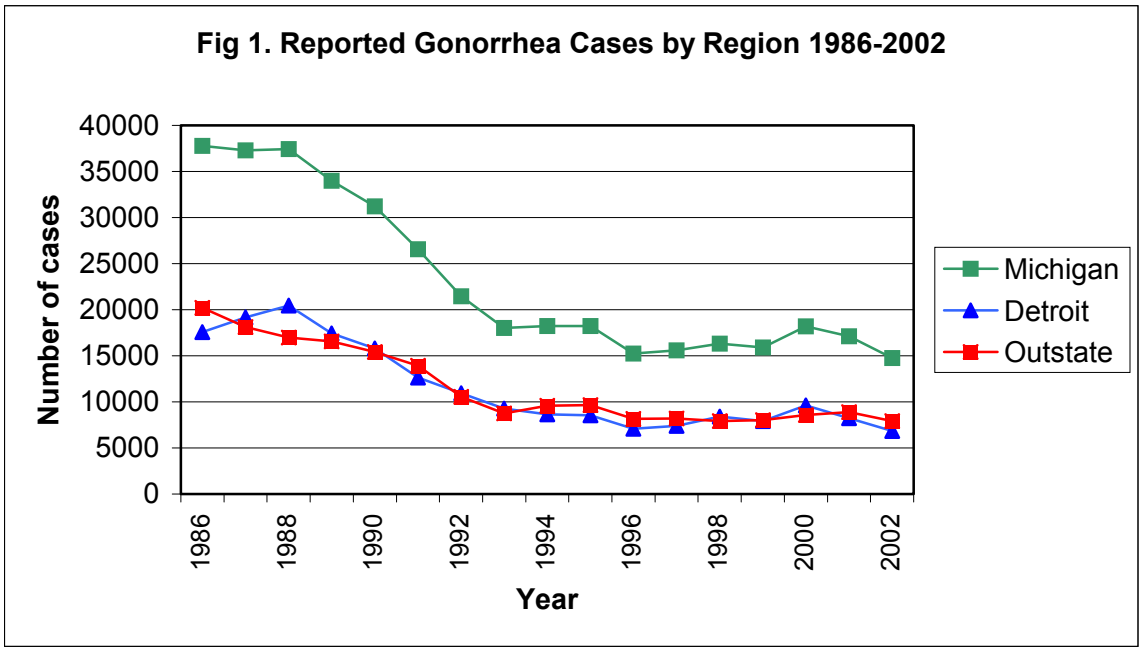
**Gonorrhea & Chlamydia**
**2002 Summary and Trends**

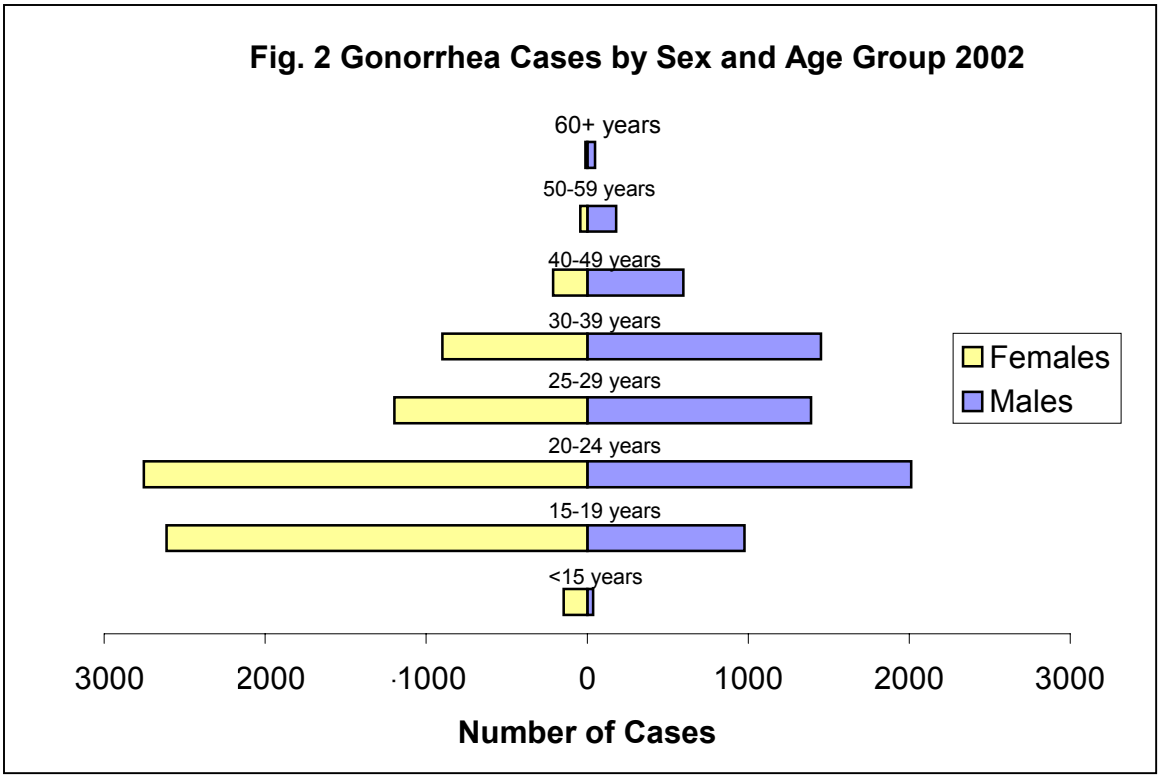
## Reported Gonorrhea Cases Decrease in 2002

Gonorrhea is the second most frequently reported communicable disease in Michigan, with 14,770 cases reported in 2002. Michigan's rate in 2002 (149 per 100,000 population) was higher than the U.S. rate (122), in part because of high rates of gonorrhea in Detroit (720). Sixty percent of cases occurred in southeast Michigan, and the city of Detroit reported 6,846 cases, 46% of Michigan's gonorrhea morbidity. Although 17 of Michigan's eighty-three counties reported no gonorrhea in 2002, this is 5 fewer than in 2001. The five health jurisdictions with the highest gonorrhea rates in 2002 were the city of Detroit (720), Genesee County (368), Muskegon County (241), Saginaw County (240), and Berrien County (230).



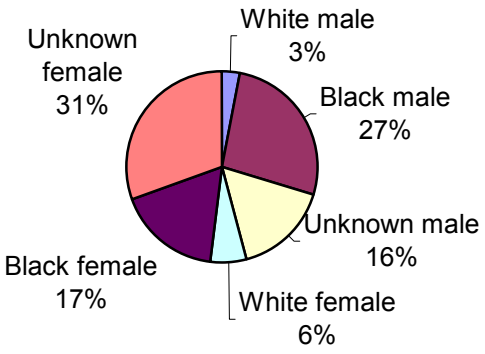

Reported gonorrhea cases decreased in Michigan in 2002, continuing a decline that began in 2001 (see Figure 1). Gonorrhea morbidity reached a low of 15,243 cases in 1996 and gradually increased until 2000. Reports for 2002 (14,770) represent a 14% decrease compared with those for 2001 (17,121).

More than half of reported gonorrhea cases were female (54%) and under the age of 25 years (57%). Overall, Michigan's gonorrhea morbidity rate was highest in the 20-24 year age group, with 740 cases per 100,000. Males were older than females on average, the average age being 28 and 23 years for males and females, respectively. The number of cases by sex and age group is shown in Figure 2.



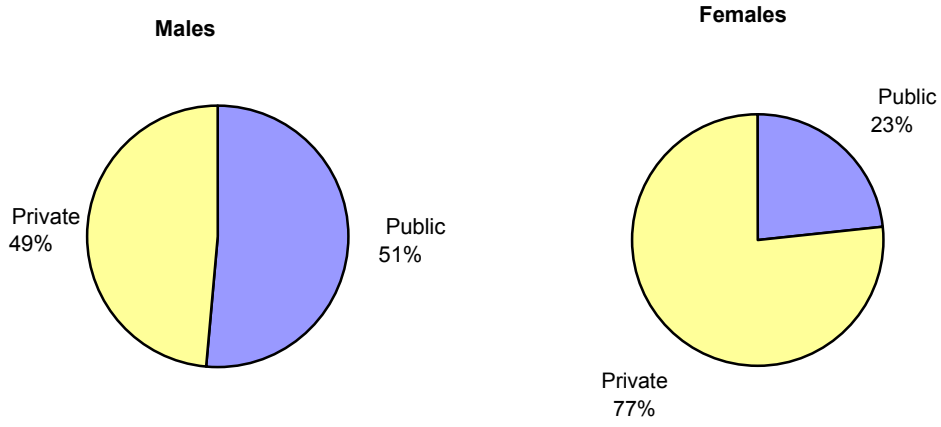

Information on race and/or ethnicity was available for only 54% of cases. Of those with known race, 80% were Black, 17% were White, 2% were Hispanic, and 1% were Other race. Arab/Chaldean, Asian/Pacific Islander, and American Indian/Alaskan Native persons accounted for less than 1% of gonorrhea morbidity. The distribution of cases by race and sex is shown in Figure 3. Females of unknown race constitute the largest proportion of cases (30%), followed by Black males (26%) Black females (17%), males of unknown race (16%), White females (6%), and White males (3%). Since females tend to seek health care from private providers, and private providers do not report race as often as public clinics, race is more likely to be unknown for females. Annual rates per 100,000 were much higher for Blacks (457) than for Whites (17). Compared with 2001, the greatest decreases occurred among Black and White females aged 40-49 years, 31% and 35%, respectively. Groups with increases during this time period include White males 25-29 years and 40-49 years, with increases of 12% and 60%, respectively. Increases were also seen among cases 50 years and older, but the number of cases in these age groups is small, accounting for approximately 2% of all cases.

**Fig. 3 Gonorrhea Cases by Sex and Race 2002**




The majority of persons with gonorrhea (64%) were reported by private health care providers. Differences in use of health care venues were seen for males and females. Approximately half of reported males sought care from private providers, whereas more than three-quarters of females did (see Figure 4).

**Fig. 4 Type of Health Care Provider**
**Gonorrhea Cases 2002**




Although some providers record patient behaviors (e.g., drug use, exchanging money or drugs for sex, number and gender of partners) in their medical chart, this information is not readily available for analysis. MDCH has received federal funding to develop ways to obtain

standardized demographic and behavioral information from a sample of gonorrhea patients seen at public STD clinics. This project will allow more complete characterization of patients with gonorrhea and allow development of targeted screening and educational activities. It may also lead to implementation of a standardized reporting form for gonorrhea that includes risk behaviors.

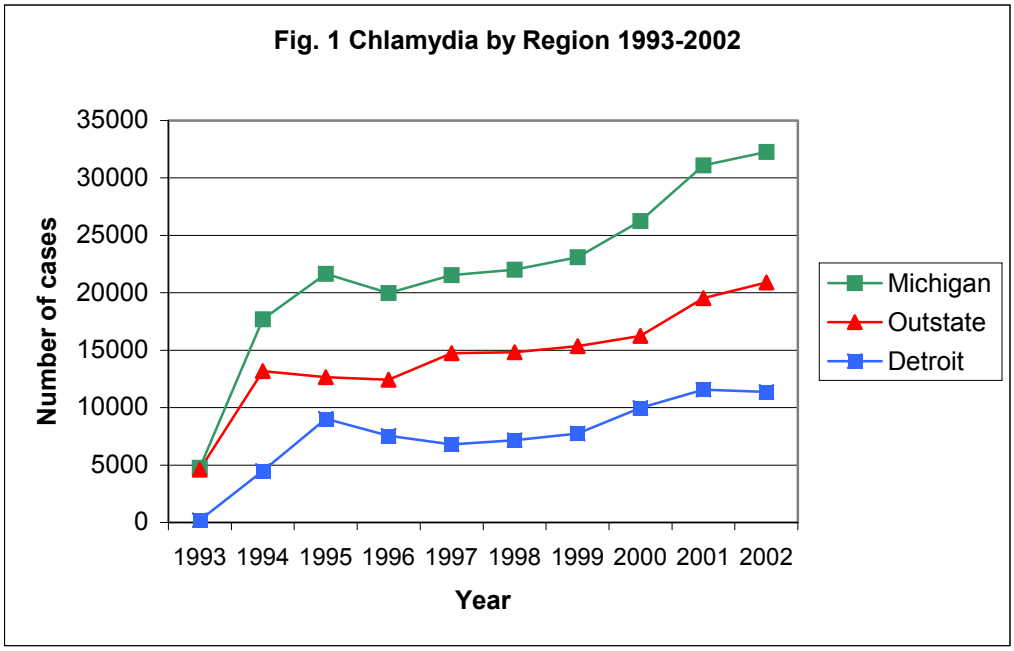
**Summary:** The number of gonorrhea cases decreased 14% compared with 2001. A larger decrease occurred in the public health sector compared with private health care providers, possibly due to fewer funds available for screening. Rates decreased for males and females, all races, and every age group except those 50-59 years of age. However, there was an increase among a subset of white males, 25-49 years old, possibly reflecting an increase in gonorrhea cases among men who have sex with men (MSM). The national Gonococcal Isolate Surveillance Project has noted an increase in recent years in the proportion of gonorrhea cases who are MSM.

## Reported Chlamydia Cases Increase in 2002

Chlamydia is the most frequently reported communicable disease in Michigan, with 32,272 cases reported in 2002. Michigan's rate in 2002 (325 per 100,000 population) was higher than the U.S. rate (289), in part because of high rates of chlamydia in Detroit (1,196). More than half of reported cases (54%) occurred in southeast Michigan, and the city of Detroit reported 11,374 cases, 35% of Michigan's chlamydia morbidity. Only five of Michigan's eighty-three counties reported no chlamydia cases in 2002. The five health jurisdictions with the highest chlamydia rates in 2002 were the city of Detroit (1,196), Kalamazoo County (505), Muskegon County (486), Genesee County (484), and Kent County (463).

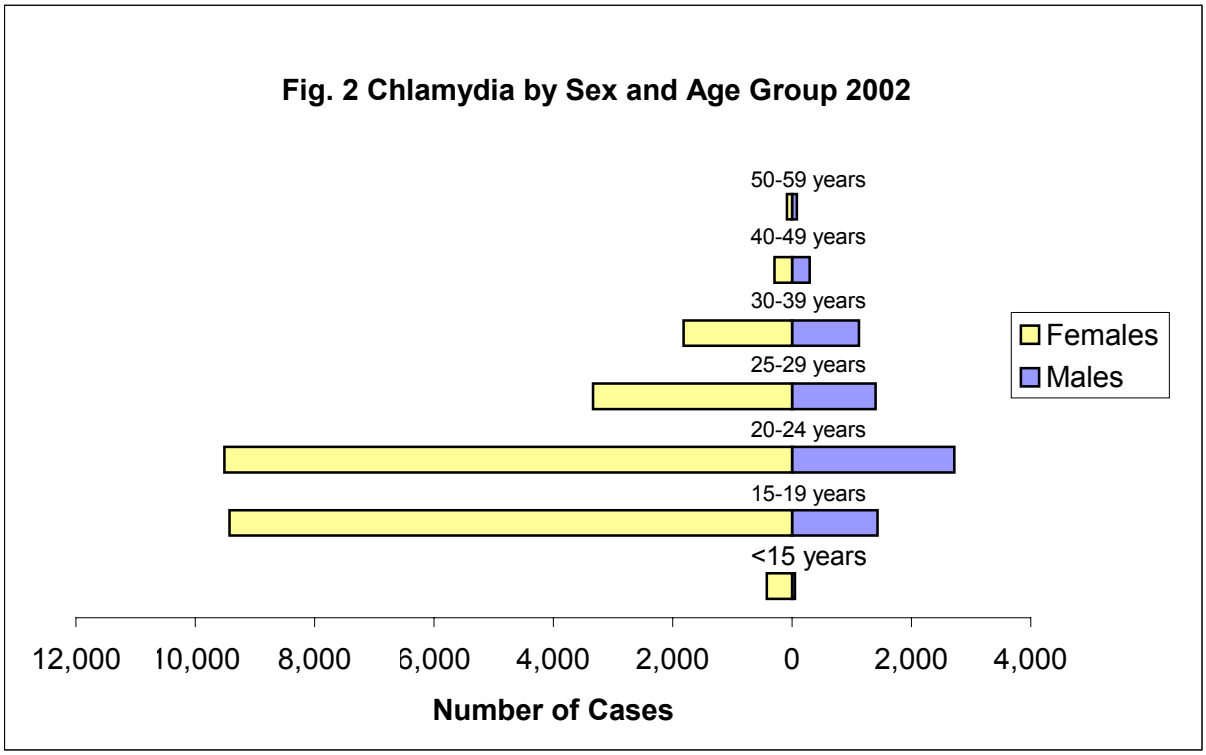
Michigan's reported chlamydia cases increased in 2002, continuing a steady increase since 1997 (see Figure 1). The number of cases reported in 2002 (32,272) increased 4% compared with reports for 2001 (31,090).

**Fig. 1 Chlamydia by Region 1993-2002**



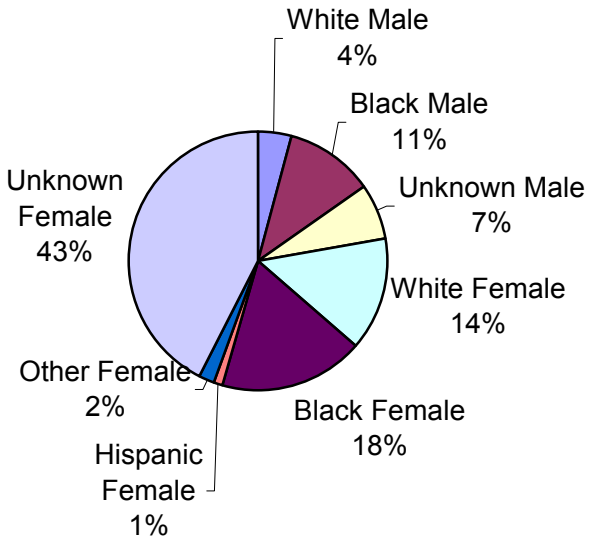

Females comprise the majority of reported chlamydia morbidity in Michigan. In 2002, 78% of cases were female. This imbalance is due to the Infertility Prevention Project, which

targets screening toward women. However, the number of male cases increased 9% from 2001, whereas female cases increased only 2%, possibly reflecting a growing interest in detecting chlamydia among males in order to prevent transmission to female partners. The vast majority of cases (73%) were under the age of 25 years. Michigan's highest morbidity rate occurred within the 20-24 year old age group, with 1,899 cases per 100,000 population, followed closely by the 15-19 year old age group with a rate of 1,508. Males were older than females on average, the average age being 25 and 22 years for males and females, respectively. The number of cases by sex and age group is shown in Figure 2.



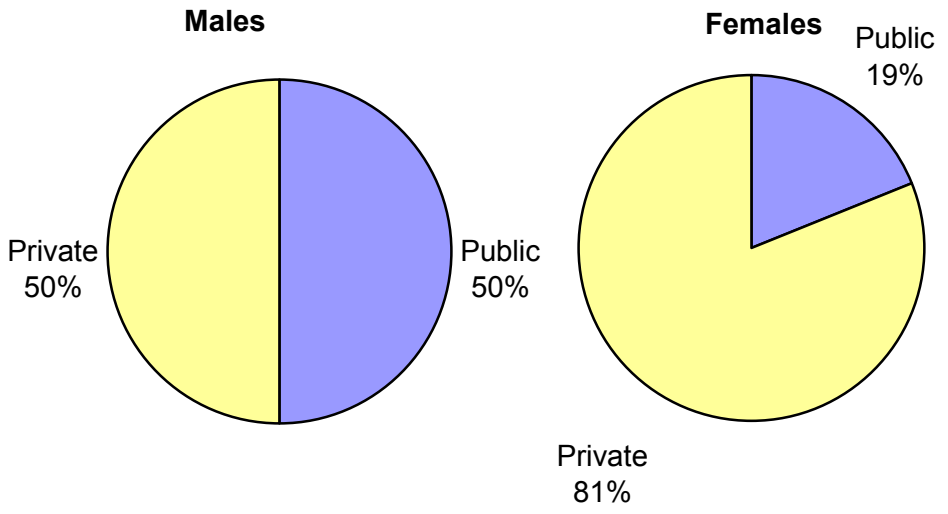

In 2002 providers reported race and/or ethnicity for 51% of cases. Of those with race reported, 55% were Black, 36% were White, 3% were Hispanic, and (5%) were Other race. One percent were Asian/Pacific Islander, American Indian/Alaskan native, or Arab/Chaldean. Annual rates per 100,000 population were much higher for Blacks (651) than for Whites (75). The distribution of cases by race and sex is shown in Figure 3. Females of unknown race comprise the largest proportion of cases (42%), followed by Black females (18%), White females (14%), Black males (11%), males of unknown race (7%), and White males (4%). Compared with 2001, larger than average increases occurred among males in 2002, particularly White males and those in the 30-49 year old age group. While there was a 4% increase in chlamydia in 2002, the number of white males increased 17%. The number of persons with chlamydia in the 30-39 and 40-49 year old age groups increased 10-12%, but the number of males in these two age groups increased 17% and 22%, respectively.

**Fig. 3 Chlamydia Cases by Sex and Race 2002**




The majority of persons with chlamydia (74%) were reported by private health care providers. Differences in use of health care venues are seen for males and females. Half of reported males sought care from private providers, whereas 81% of females did (see Figure 4). The number of males reported by the private sector increased 17% in 2002, while the number reported by public clinics increased only 2%. Conversely, the increase in reported female cases was greater from public (7%) rather than private (1%) providers.

**Fig.4 Type of Health Care Provider**
**Chlamydia 1992**



**Summary:** Since 1998 chlamydia rates have steadily increased, probably due in part to more widespread testing and better reporting, which became required in 1993. Because of screening recommendations, young females account for the majority of reported cases; almost three-quarters are under the age of 25 years and 78% are female. In 2002, the greatest increases were seen among White males and males in the 30-49 year age group. While some of the increase may be a result of expanded screening of males in public clinics, there were greater increases in the number of reported males from private health care settings.

**Comment:** Although STDs are the most frequently reported communicable diseases in Michigan, they are believed to be underreported because patients are often asymptomatic and do not seek health care. Moreover, since STD reporting is laboratory based, STDs are often not reported if a physician does not order a lab test and treats because of symptoms or sexual contact with an infected person. STD rates are also largely associated with available resources for screening and testing in public health clinics. Currently Michigan's surveillance system for STDs is inadequate because it does not collect sufficient demographic data and risk behavior information to characterize the affected population. Rates rise and fall as resources are allocated for STD services, making analysis of trends over time problematic. Currently, dedicated resources are not adequately allocated for the systematic collection and epidemiologic analysis of these data.